

By:

Donnell Wentworth

S.B. No. 458

A BILL TO BE ENTITLED

AN ACT

1 relating to the establishment of a newborn and infant hearing
2 screening, tracking, and intervention program.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

4 SECTION 1. Subtitle B, Title 2, Health and Safety Code, is
5 amended by adding Chapter 47 to read as follows:

6 CHAPTER 47. HEARING LOSS IN NEWBORNS AND INFANTS

7 Sec. 47.001. PURPOSES. The purposes of this chapter are to:

8 (1) provide detection of hearing loss in newborns
9 during their birth admission;

10 (2) prevent delays in language and communication
11 caused by late-identified hearing loss that lead to academic
12 failure and illiteracy;

13 (3) provide the department with the information
14 necessary to plan, establish, and evaluate a comprehensive system
15 of appropriate services for newborns and infants who have hearing
16 loss; and

17 (4) provide the department with the information
18 necessary to track the incidence and prevalence of hearing loss
19 within the state to improve public health.

20 Sec. 47.002. DEFINITIONS. In this chapter:

21 (1) "Birth admission" means the time after birth that
22 a newborn remains in the birthing hospital nursery prior to
23 discharge.

Replaced by sub

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1 (2) "Health insurance policy" means a group health
2 insurance policy, contract, or plan, or an individual policy,
3 contract, or plan, with dependent coverage for children that
4 provides medical coverage on an expense-incurred service or prepaid
5 basis. The term includes:

6 (A) a health insurance policy or contract issued
7 by a nonprofit corporation or fraternal benefit society;

8 (B) a health service plan operating as a health
9 maintenance organization, a preferred provider organization, an
10 exclusive provider organization, or any other managed care plan, as
11 those terms are described in state law; or

12 (C) an employee welfare benefit plan as defined
13 in Section 3(1), Employee Retirement Income Security Act of 1974
14 (29 U.S.C. Section 1002(1)).

15 (3) "Hearing loss" means a hearing loss of 30 dB HL or
16 greater in the frequency region important for speech recognition
17 and comprehension in one or both ears (approximately 500 through
18 4,000 Hz). However, as technological advances permit the detection
19 of less severe hearing loss, the department shall have the
20 authority to modify this definition by rule.

21 (4) "Infant" means a child 30 days to 24 months old.

22 (5) "Intervention or follow-up care" means the early
23 intervention services described in Subchapter III, Individuals with
24 Disabilities Education Act (20 U.S.C. Section 1431-1445), as
25 amended by Pub. L. No. 105-17.

26 (6) "Newborn" means a child from birth to 29 days old.

1 (7) "Parent" means a natural parent, stepparent,
2 adoptive parent, legal guardian, or other legal custodian of a
3 child.

4 (8) "Program" means a newborn and infant hearing
5 screening, tracking, and intervention program.

6 Sec. 47.003. NEWBORN AND INFANT HEARING SCREENING, TRACKING,
7 AND INTERVENTION PROGRAM. (a) A birthing hospital, through a
8 program certified by the department, shall offer the parents of a
9 newborn a hearing screening for the newborn for the identification
10 of hearing loss. The screening shall be offered during the birth
11 admission.

12 (b) The department or its designee shall approve program
13 protocols.

14 (c) The department shall begin its implementation phase on
15 September 1, 1999, for birthing hospitals with 1,000 births or more
16 per year.

17 (d) By April 1, 2001, all birthing hospitals shall offer the
18 hearing screening during the birth admission.

19 (e) The department shall maintain data and information on
20 all newborns and infants who receive services under a program.

21 (f) The department shall ensure that appropriate follow-up
22 care is available to families throughout the state, including
23 diagnostic evaluation and referral to intervention service programs
24 for all newborns and infants who require follow-up services.
25 Children identified as having hearing loss will be managed by
26 existing state programs, as required by the Individuals with

1 Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

2 Sec. 47.004. CERTIFICATION OF BIRTHING HOSPITALS. (a) The
3 department or its designee shall establish certification criteria
4 that a birthing hospital must meet in implementing a newborn
5 hearing screening program.

6 (b) In order to be certified the birthing hospital shall:

7 (1) provide competent hearing screening;

8 (2) utilize appropriate staff and physiological
9 equipment for hearing screening;

10 (3) maintain and report data electronically as
11 required by the department;

12 (4) provide effective family and physician education;
13 and

14 (5) refer newborns and infants with abnormal screening
15 results for appropriate follow-up services.

16 (c) The department shall designate birthing hospitals that
17 meet and maintain certification criteria as qualified newborn
18 hearing screening providers.

19 (d) The department shall recertify birthing hospitals as
20 qualified newborn hearing screening providers on a periodic basis
21 in order to assure quality services to newborns, infants, and
22 families.

23 Sec. 47.005. INFORMATION CONCERNING SCREENING RESULTS AND
24 FOLLOW-UP CARE. A birthing hospital shall prepare for the parents
25 of all newborns and infants who are screened written information on
26 the screening results and the necessary steps for follow-up care.

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1 Sec. 47.006. INSURANCE COVERAGE. (a) Except as otherwise
2 provided by this section, a health insurance policy that is
3 delivered, issued for delivery, renewed, extended, or modified in
4 this state by a health care insurer shall provide coverage for an
5 initial newborn hearing screening and for necessary diagnostic
6 follow-up care related to the screening.

7 (b) Except as otherwise provided by this section, if a
8 health insurance policy provides coverage or benefits to a resident
9 of this state, the policy shall be deemed to be delivered in this
10 state within the meaning of this chapter regardless of whether the
11 health care insurer issuing or delivering the policy is located
12 within or outside this state.

13 (c) Benefits for a newborn and infant hearing screening test
14 and any necessary audiological follow-up care shall be subject to
15 copayment and coinsurance provisions of a health insurance policy
16 to the extent that other medical services covered by the policy are
17 subject to those provisions, except that benefits for the screening
18 test shall be exempt from deductible or dollar-limit provisions in
19 the health insurance policy. This exemption must be explicitly
20 provided for in the policy.

21 (d) Notwithstanding Subsections (a) and (b), this section
22 shall not be construed to require a health insurance policy to
23 include coverage for a newborn and infant hearing screening test
24 for an individual who is a resident of this state if the individual
25 is employed outside this state and the individual's employer
26 maintains a health insurance policy for the individual as an

1 employment benefit.

2 Sec. 47.007. RULES. The commissioner of insurance shall
3 adopt rules necessary for the implementation of this chapter. The
4 commissioner of insurance may consult with the commissioner and
5 other appropriate entities in adopting rules under this section.

6 Sec. 47.008. TECHNICAL ASSISTANCE BY DEPARTMENT. The
7 department shall establish the infrastructure to provide technical
8 assistance and consultation to birthing hospitals with regard to
9 preimplementation and implementation planning, information
10 management, ongoing program performance, and follow-up services.

11 Sec. 47.009. INFORMATION MANAGEMENT, REPORTING, AND TRACKING
12 SYSTEM. (a) The department shall provide all birthing hospitals
13 with the appropriate information management, reporting, and
14 tracking software for the program. The information management,
15 reporting, and tracking system shall be capable of providing the
16 department with information and data necessary to plan, monitor,
17 and evaluate the program, including the program's screening,
18 follow-up, diagnostic, and intervention components.

19 (b) All qualified newborn hearing screening providers,
20 hospitals, audiologists, and intervention specialists, as specified
21 by the department, shall have access to the information management,
22 reporting, and tracking system to provide information to the
23 department including:

24 (1) newborns born in each birthing hospital;

25 (2) newborns screened during birth admission;

26 (3) newborns passing the birth admission screening;

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- 1 (4) families refusing the birth admission screening;
2 (5) newborns who need follow-up care;
3 (6) infants who receive follow-up care;
4 (7) infants identified with hearing loss;
5 (8) infants at risk for progressive hearing loss;
6 (9) infants who are referred for intervention
7 services; and
8 (10) case level information necessary to report
9 required statistics to the Maternal and Child Health Bureau on an
10 annual basis.

11 Sec. 47.010. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

12 (a) The information management, reporting, and tracking system
13 required by this chapter must meet confidentiality requirements in
14 accordance with required state and federal privacy guidelines.

15 (b) Data obtained through the information management,
16 reporting, and tracking system under this chapter are for the
17 confidential use of the department, its designee, and the persons
18 or public or private entities that the department determines are
19 necessary to carry out the functions of the tracking system.

20 Sec. 47.011. IMMUNITY FROM LIABILITY. A health facility, a
21 clinical laboratory, an audiologist, a physician, a registered
22 nurse, or any other officer or employee of a health facility
23 laboratory, a physician, or an audiologist shall not be criminally
24 or civilly liable for furnishing information to the department or
25 its designee pursuant to the requirements of this chapter.

26 SECTION 2. This Act takes effect September 1, 1999, and

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1 applies to all insurance policies, individual and otherwise,
2 subscriber contracts, and group insurance certificates issued under
3 any group master policy that are delivered, issued for delivery, or
4 renewed on or after January 1, 2000. A policy delivered, issued
5 for delivery, or renewed before January 1, 2000, is governed by the
6 law as it existed immediately before the effective date of this
7 Act, and that law is continued in effect for this purpose.

8 SECTION 3. The importance of this legislation and the
9 crowded condition of the calendars in both houses create an
10 emergency and an imperative public necessity that the
11 constitutional rule requiring bills to be read on three several
12 days in each house be suspended, and this rule is hereby suspended.

By: Moncrief, Wentworth S.B. No. 458
(In the Senate - Filed February 10, 1999; February 15, 1999,
read first time and referred to Committee on Health Services;
May 7, 1999, reported adversely, with favorable Committee
Substitute by the following vote: Yeas 5, Nays 0; May 7, 1999,
sent to printer.)

COMMITTEE SUBSTITUTE FOR S.B. No. 458

By: Nixon

A BILL TO BE ENTITLED
AN ACT

relating to the establishment of a newborn hearing screening,
tracking, and intervention program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle B, Title 2, Health and Safety Code, is
amended by adding Chapter 47 to read as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS

Sec. 47.001. DEFINITIONS. In this chapter:

(1) "Birth admission" means the time after birth that
a newborn remains in the birthing facility before the newborn is
discharged.

(2) "Birthing facility" means:

(A) a hospital licensed under Chapter 241 that
offers obstetrical services and is located in a county with a
population of more than 50,000; or

(B) a birthing center licensed under Chapter 244
that is located in a county with a population of more than 50,000
or that has 100 births or more per year.

(3) "Health care provider" means a registered nurse
recognized as an advanced practice nurse by the Board of Nurse
Examiners or a physician assistant licensed by the Texas State
Board of Physician Assistant Examiners.

(4) "Hearing loss" means a hearing loss of 30 dB HL or
greater in the frequency region important for speech recognition
and comprehension in one or both ears, approximately 500 through
4,000 Hz. As technological advances permit the detection of less
severe hearing loss, the department may modify this definition by
rule.

(5) "Infant" means a child who is at least 30 days but
who is younger than 24 months old.

(6) "Intervention" or "follow-up care" means the early
intervention services described in Subchapter III, Individuals with
Disabilities Education Act (20 U.S.C. Sections 1431-1445), as
amended by Pub. L. No. 105-17.

(7) "Newborn" means a child younger than 30 days old.

(8) "Parent" means a natural parent, stepparent,
adoptive parent, legal guardian, or other legal custodian of a
child.

(9) "Physician" means a person licensed to practice
medicine by the Texas State Board of Medical Examiners.

(10) "Program" means a newborn hearing screening,
tracking, and intervention program operated in accordance with this
chapter.

Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND
INTERVENTION PROGRAM. (a) A birthing facility, through a program
certified by the department under Section 47.003, may offer the
parents of a newborn a hearing screening for the newborn for the
identification of hearing loss. The screening must be offered
during the birth admission.

(b) The department or the department's designee may approve
program protocols.

(c) The department may maintain data and information on each
newborn who receives services under a program.

(d) The department shall ensure that intervention is
available to families for a newborn identified as having hearing
loss and that the intervention is managed by state programs

operating under the Individuals with Disabilities Education Act (20 U.S.C. Section 1400 et seq.).

(e) The department shall ensure that the intervention described by Subsection (d) is available for a newborn identified as having hearing loss through the time the child is an infant.

Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. (a) The department or the department's designee shall establish certification criteria for implementing a program.

(b) Certification criteria adopted under Subsection (a) must require that a certified program:

(1) provide hearing screening using equipment recommended by the department;

(2) use appropriate staff to provide the screening;

(3) maintain and report data electronically if required by the department;

(4) distribute standardized family, health care provider, and physician educational materials standardized by the department; and

(5) provide information, as recommended by the department, on follow-up services for newborns and infants with abnormal screening results.

(c) The department may certify a program that meets and maintains the certification criteria.

(d) The department may renew the certification of a program on a periodic basis as established by board rule in order to ensure quality services to newborns and families.

(e) A fee may not be charged to certify or recertify a program.

Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. (a) A birthing facility shall distribute to the parents of each newborn who is screened educational materials that are standardized by the department regarding screening results and follow-up care.

(b) A birthing facility shall report screening results to the parents, the newborn's attending physician or health care provider, and, if required by the department, the department.

(c) Appropriate and necessary care for an infant who needs follow-up care should be directed and coordinated by the infant's physician or health care provider, with support from appropriate ancillary services.

Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. The department may consult with a birthing facility that operates a program and provide to the facility technical assistance associated with the implementation of a program.

Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. (a) The department shall provide each birthing facility that provides newborn screening under the medical assistance program provided under Chapter 32, Human Resources Code, with appropriate information management, reporting, and tracking system software for the program. The information management, reporting, and tracking system must be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components.

(b) A qualified hearing screening provider, hospital, audiologist, or intervention specialist may access the information management, reporting, and tracking system to provide information, where available, to the department, including information relating to:

(1) newborns born in each birthing facility that operates a program;

(2) newborns screened during birth admission;

(3) newborns passing the birth admission screening;

(4) families refusing the birth admission screening;

(5) newborns who need follow-up care;

(6) infants who receive follow-up care;

(7) infants identified with hearing loss;

(8) infants at risk for progressive hearing loss;

(9) infants who are referred for intervention

3-1 services; and

3-2 (10) case level information necessary to report
3-3 required statistics to the Maternal and Child Health Bureau on an
3-4 annual basis.

3-5 (c) The department shall ensure that the written consent of
3-6 a parent is obtained before a newborn is included in the
3-7 information management, reporting, and tracking system or any
3-8 information relating to the newborn or infant is released through
3-9 the system.

3-10 Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

3-11 (a) The information management, reporting, and tracking system
3-12 provided in accordance with this chapter must meet confidentiality
3-13 requirements in accordance with required state and federal privacy
3-14 guidelines.

3-15 (b) Data obtained through the information management,
3-16 reporting, and tracking system under this chapter are for the
3-17 confidential use of the department, the department's designee, and
3-18 the persons or public or private entities that the department
3-19 determines are necessary to carry out the functions of the tracking
3-20 system.

3-21 Sec. 47.008. IMMUNITY FROM LIABILITY. A birthing facility,
3-22 a clinical laboratory, an audiologist, a health care provider, a
3-23 physician, a registered nurse, or any other officer or employee of
3-24 a birthing facility, a laboratory, a physician, or an audiologist
3-25 is not criminally or civilly liable for furnishing information to
3-26 the department or its designee in connection with a program
3-27 provided in accordance with this chapter.

3-28 SECTION 2. Section 36.004, Health and Safety Code, is
3-29 amended by adding Subsection (i) to read as follows:

3-30 (i) A hearing screening performed under this section is in
3-31 addition to any hearing screening test performed under Chapter 47.

3-32 SECTION 3. Section 32.024, Human Resources Code, is amended
3-33 by adding Subsection (v) to read as follows:

3-34 (v) The department by rule shall provide a screening test
3-35 for hearing loss in accordance with Chapter 47, Health and Safety
3-36 Code, and any necessary diagnostic follow-up care related to the
3-37 screening test to a child younger than 30 days old who receives
3-38 medical assistance.

3-39 SECTION 4. Subsection (b), Section 2, Article 21.53F,
3-40 Insurance Code, as added by Chapter 683, Acts of the 75th
3-41 Legislature, Regular Session, 1997, is amended to read as follows:

3-42 (b) This article does not apply to:

3-43 (1) a plan that provides coverage:
3-44 (A) only for a specified disease or other
3-45 limited benefit;

3-46 (B) only for accidental death or dismemberment;
3-47 (C) for wages or payments in lieu of wages for a
3-48 period during which an employee is absent from work because of
3-49 sickness or injury;

3-50 (D) as a supplement to liability insurance;
3-51 (E) for credit insurance;
3-52 (F) only for dental or vision care; [or]
3-53 (G) only for indemnity for hospital confinement;

3-54 or

3-55 (H) only for hospital expenses;
3-56 (2) a small employer health benefit plan written under
3-57 Chapter 26 of this code;

3-58 (3) a Medicare supplemental policy as defined by
3-59 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

3-60 (4) workers' compensation insurance coverage;
3-61 (5) medical payment insurance issued as part of a
3-62 motor vehicle insurance policy; [or]

3-63 (6) a long-term care policy, including a nursing home
3-64 fixed indemnity policy, unless the commissioner determines that the
3-65 policy provides benefit coverage so comprehensive that the policy
3-66 is a health benefit plan as described by Subsection (a) of this
3-67 section; or

3-68 (7) a CHAMPUS (Civilian Health and Medical Program of
3-69 the Uniformed Services) supplemental policy.

SECTION 5. Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended by amending Sections 3 and 4 and adding Sections 5, 6, and 7 to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. ~~[(a)]~~ A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article ~~[Subsection-(b)-of-this section]~~, from birth through the date the child is six years of age, for:

(1) immunization against:

- (A) diphtheria;
- (B) haemophilus influenzae type b;
- (C) hepatitis B;
- (D) measles;
- (E) mumps;
- (F) pertussis;
- (G) polio;
- (H) rubella;
- (I) tetanus; and
- (J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment benefit.

Sec. 5. COVERED CHILDREN. ~~[(b)]~~ A child is entitled to benefits under this article ~~[section]~~ if the child, as a result of the child's relationship to an enrollee in the health benefit plan, would be entitled to benefits under an accident and sickness insurance policy under Subsection (K), (L), or (M), Section 2, Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2, Vernon's Texas Insurance Code).

Sec. 6 [4]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT ~~[FIRST---DOLLAR---COVERAGE---REQUIRED]~~.

(a) Benefits required under Section 3 of this article may not be made subject to a deductible, copayment, or coinsurance requirement. This subsection ~~[(b)-Subsection-(a)-of-this-section]~~ does not prohibit the application of a deductible, copayment, or coinsurance requirement to another service provided at the same time as the immunization.

(b) Benefits required under Section 4 of this article may be subject to copayment and coinsurance requirements, but may not be subject to a deductible requirement or dollar limit. The requirements of this subsection must be stated in the coverage document.

Sec. 7. RULES. The commissioner may adopt rules as necessary to implement this article.

SECTION 6. The heading to Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular

Session, 1997, is amended to read as follows:

Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN
~~[CHILDHOOD-IMMUNIZATIONS]~~

SECTION 7. This Act takes effect September 1, 1999.

SECTION 8. The Texas Board of Health shall adopt the rules required by Section 47.003, Health and Safety Code, as added by this Act, not later than December 1, 1999.

SECTION 9. (a) Except as provided by Subsection (b) of this section, not later than January 1, 2000, the Health and Human Services Commission and each appropriate health and human services agency that operates part of the state medical assistance program under Chapter 32, Human Resources Code, shall adopt the rules required by Subsection (v), Section 32.024, Human Resources Code, as added by this Act.

(b) If, before implementing Subsection (v), Section 32.024, Human Resources Code, as added by this Act, the Health and Human Services Commission determines that a waiver or authorization from a federal agency is necessary for implementation, the commission shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 10. The change in law made by Sections 4 and 5 of this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2000. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 11. This Act takes effect only if a specific appropriation for the implementation of this Act is provided in H.B. No. 1 (General Appropriations Act), Acts of the 76th Legislature, Regular Session, 1999. If no specific appropriation is provided in H.B. No. 1, the General Appropriations Act, this Act has no effect.

SECTION 12. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.

* * * * *

FAVORABLY AS SUBSTITUTED
SENATE COMMITTEE REPORT ON

SB

SCR

SJR

SR

HB

HCR

HJR

458

By

MONCRIEF, WENTWORTH

(Author/Senate Sponsor)

5/7/99

(date)

Sir:

We, your Committee on HEALTH SERVICES, to which was referred the attached measure,
have on 5/4/99, had the same under consideration and I am instructed to report it
(date of hearing)
back with the recommendation (s) that it:

- ☒ do pass as substituted, and be printed
() the caption remained the same as original measure
() the caption changed with adoption of the substitute

() do pass as substituted, and be ordered not printed

() and is recommended for placement on the Local and Uncontested Bills Calendar.

A fiscal note was requested. ☒ yes () no

A revised fiscal note was requested. ☒ yes () no

An actuarial analysis was requested. () yes ☒ no

Considered by subcommittee. () yes ☒ no

The measure was reported from Committee by the following vote:

	YEA	NAY	ABSENT	PNV
Senator Nelson, Chair	<input checked="" type="checkbox"/>			
Senator Moncrief, Vice-Chair	<input checked="" type="checkbox"/>			
Senator Lindsay	<input checked="" type="checkbox"/>			
Senator Madla	<input checked="" type="checkbox"/>			
Senator Nixon	<input checked="" type="checkbox"/>			
TOTAL VOTES	5	0	0	0

COMMITTEE ACTION

S260 Considered in public hearing
S270 Testimony taken

COMMITTEE CLERK

CHAIRMAN

Paper clip the original and one copy of this signed form to the original bill along with TWO copies of the Committee Substitute
Retain one copy of this form for Committee files

WITNESS LIST

SB 458
SENATE COMMITTEE REPORT
Health Services Committee

April 27, 1999 - 1:30P

For: Baker, Glenda (Herself), College Station
Higdon, Larry (Texas Speech-Language-Hearing Association),
Austin
James, Dessie, Dr. (Herself as a grandparent and citizen),
Fair Oaks Ranch
James, Vernon, MD (TMA and TPS), San Antonio
Pool, K.D., MD (Himself, OZ Corporation), Dallas
Rarus, Tim (Texas Association for the Deaf), Austin

Registering, but not testifying:

For: Banning, Tom (Texas Academy of Family Physicians), Austin
Genco, Frank (Texas Planning Council for Developmental
Disabilities), Austin
Murphree, Susan (Advocacy, Inc.), Austin
Tesmer, David (Texas Health Resources), Los Colinas
Walker, Craig (Texas Organization of Rural & Community
Hospitals), Austin
Woolbert, Lynda (Coalition for Nurses in Advanced Practice),
West Columbia
On: Hamilton, Kathleen (Texas Department of Health), Austin
Myers, David (Texas Commission for the Deaf & Hard of
Hearing), Austin
O'Neal, Joy (Texas Department of Health), Austin
Selby, Gardner (Comptroller of Public Accounts), Austin

May 4, 1999 - 1:30P

Registering, but not testifying:

On: Hamilton, Kathleen (Texas Department of Health), Austin
Myers, David (Texas Department for the Deaf and Hard of
Hearing), Austin
O'Neal, Joy (Texas Department of Health), Austin
Selby, Gardner (Comptroller of Public Accounts), Austin

BILL ANALYSIS

Senate Research Center
76R14609 CMR-D

C.S.S.B. 458
By: Moncrief
Health Services
5/6/1999
Committee Report (Substituted)

DIGEST

Currently, Texas law does not provide screening, tracking, and intervention programs for possible hearing loss in newborns. Hearing loss occurs in newborns more frequently than any other health condition for which newborn screening is currently required. Early detection in hearing loss in children and early intervention and treatment before six months, of age has been demonstrated to be highly effective in facilitating a child's healthy development in a manner consistent with the child's age and cognitive ability. C.S.S.B. 458 would create a newborn hearing screening, tracking, and intervention program.

PURPOSE

As proposed, C.S.S.B. 458 creates a newborn and infant hearing screening, tracking, and intervention program.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the Texas Board of Health in SECTION 1 (Section 47.003(d), Health and Safety Code); Texas Department of Health in SECTION 7 (Section 32.024(v), Human Resources Code); and the commissioner of insurance in SECTION 5 (Sections 4(b) and 7, Article 21.53F, Insurance Code), of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Title 2B, Health and Safety Code, by adding Chapter 47, as follows:

CHAPTER 47. HEARING LOSS IN NEWBORNS AND INFANTS

Sec. 47.001. DEFINITIONS. Defines "birthing facility," "health care provider," "hearing loss," "infant," "birth admission," "newborn," "parent," "physician," and "program."

Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND INTERVENTION PROGRAM. Authorizes a birthing facility, through a program certified by the Texas Department of Health (department) under Section 47.003, to offer the parents of a newborn a hearing screening for the newborn for the identification of hearing loss. Requires the screening to be offered during the birth admission. Authorizes the department or the department's designee to approve program protocols. Authorizes the department to maintain data and information on each newborn who receives services under a program. Requires the department to ensure that intervention is available to families for a newborn identified as having hearing loss and that the intervention is managed by state programs operating under 20 U.S.C. Section 1400 et seq. (Individuals with Disabilities Education Act). Requires the department to ensure that the intervention is available for a newborn with hearing loss through the time the child is an infant.

Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. Requires the department or its designee to establish certification criteria for implementing a program. Sets forth requirements for the criteria. Authorizes the department to certify a program on a periodic basis, as established by rule of the Texas Board of Health, in order to ensure quality services to newborns and families. Prohibits a fee from being charged to certify or recertify a program.

Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND FOLLOW-UP CARE. Requires a birthing facility to distribute to the parents of each newborn who is screened education materials that are standardized by the department regarding screening results and follow-

up care. Requires the facility to report the results to the parents, the attending physician, and, if required, the department. Provides that infant care should be directed and coordinated by the physician or health care provider, with support from ancillary services.

Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. Authorizes the department to consult with a birthing facility that operates a program and provide to the facility technical assistance associated with the implementation of the program.

Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING SYSTEM. Requires the department to provide each birthing facility that provides newborn screening under the program with appropriate information management, reporting, and tracking system software for the program. Requires the information management, reporting, and tracking system (system) to be capable of providing the department with information and data necessary to plan, monitor, and evaluate the program, including the program's screening, follow-up, diagnostic, and intervention components. Authorizes a qualified hearing screening provider, hospital, audiologist, or intervention specialist to have access to the system to provide certain information to the department.

Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. Requires the system provided in accordance with this chapter to meet confidentiality requirements in accordance with required state and federal privacy guidelines. Provides that data obtained through the system are for the confidential use of the department.

Sec. 47.011. IMMUNITY FROM LIABILITY. Provides that certain health care providers or their employees are not criminally or civilly liable for furnishing information to the department or its designee in accordance with this chapter.

SECTION 2. Amends Section 36.004, Health and Safety Code, by adding Subsection (i), to provide that a hearing screening is in addition to any hearing screening test performed under Chapter 47.

SECTION 3. Amends Section 32.024, Human Resources Code, by adding Subsection (v), to require the Health and Human Services Commission to provide, by rule, a screening test for hearing loss in accordance with Chapter 47, Health and Safety Code, and any necessary diagnostic follow-up care related to the screening test to a child younger than 30 days old who receives medical assistance.

SECTION 4. Amends Section 2(b), Article 21.53F, Insurance Code, to provide that this article does not apply to a plan that provides coverage only for hospital expenses or a Civilian Health and Medical Program of the Uniformed Services supplemental policy. Makes conforming changes.

SECTION 5. Amends Article 21.53F, Insurance Code, by amending Sections 3 and 4 and adding Sections 5-7, as follows:

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. Requires certain health benefit plans to provide certain coverages for each child covered by Section 5. Authorizes the commissioner of insurance (commissioner) to adopt rules to implement the requirements of this section. Sets forth to whom this section does and does not apply. Makes conforming changes.

Sec. 5. COVERED CHILDREN. Makes conforming changes.

Sec. 6. New heading: APPLICATION OF DEDUCTIBLE, COPAYMENT, OR COINSURANCE REQUIREMENT. Authorizes the benefits to be subject to a deductible requirement or dollar limit. Authorizes the requirements of this subsection to be stated in the coverage document.

Sec. 7. RULES. Authorizes the commissioner to adopt rules as necessary to implement this article.

SECTION 6. Amends the heading to Article 21.53F, Insurance Code, as follows:

Art. 21.53F. New heading: COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN

SECTION 7. Effective date: September 1, 1999.

SECTION 8. Requires the Texas Board of Health to adopt the rules under Section 47.003, Health and Safety Code, by December 1, 1999.

SECTION 9. Requires the Health and Human Services Commission (commission) and each appropriate agency to adopt the rules under Section 32.024(v), Human Resources Code. Requires the commission to request the requisite waiver or authorization from the proper federal agency, until then, the Act may be delayed.

SECTION 10. Makes application of this Act prospective.

SECTION 11. Provides that this Act takes effect only if certain H.B. 1 appropriations are provided for.

SECTION 12. Emergency clause.

SUMMARY OF COMMITTEE CHANGES

SECTION 1.

Amends proposed Section 47.002, Chapter 47, Title 2B, Health and Safety Code, to delete the proposed section regarding purposes, and to add definitions for "birth facility," "health care provider," and "physician," and to delete a definition for "health insurance policy."

Amends the proposed title to Section 47.002, regarding newborn and infant hearing screening, tracking, and intervention program.

Deletes proposed section regarding implementation requirements, insurance coverage, and rules.

SECTIONS 2-3.

Adds proposed Section 36.004(i), Health and Safety Code, and Section 32.024(v), Human Resources Code, to provide that a hearing screening is in addition certain other screening performed, and to require the Health and Human Services Commission to adopt certain rules.

Redesignates SECTIONS 2-3 as SECTIONS 7 and 12.

SECTIONS 4-6 and 8-11.

Adds proposed SECTIONS 4-6 and 8-11 regarding to whom certain provisions do not apply; required benefits for screening test for hearing impairment; covered children; application of deductible, copayment, or coinsurance requirement; rules; and coverage for certain benefits for children.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

May 6, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: SB458 by Moncrief (relating to the establishment of a newborn hearing screening, tracking, and intervention program), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for SB458, Committee Report 1st House, Substituted: negative impact of \$(1,629,940) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

The bill contains a provision that states that the Act would only take effect if a specific appropriation for the implementation of the Act is provided in the General Appropriations Act of the Seventy-sixth Legislature.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	\$(1,099,564)
2001	(530,376)
2002	(185,858)
2003	(186,631)
2004	(187,790)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 0001	Probable Savings/(Cost) from <i>Federal Funds</i> 0555
2000	\$ (1,099,564)	\$ (1,172,386)
2001	(530,376)	(620,574)
2002	(185,858)	(295,142)
2003	(186,631)	(296,369)
2004	(187,790)	(298,210)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total \$1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is \$750,000 in fiscal year 2000 and \$750,000 in fiscal year 2001.

Fiscal Analysis

The bill would allow a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be allowed to approve program protocols, maintain data on each newborn who

receives services. The Department would be required to ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the department or the department's designee to establish certification criteria for implementing a hearing screening program. The bill would require the Department of Health to provide each birthing facility that provides newborn screening under the medical assistance (Medicaid) program with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training related to providing these services for Medicaid-eligible clients.

The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health

LBB Staff: JK, TP, KF

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 76th Regular Session

April 26, 1999

TO: Honorable Jane Nelson, Chair, Senate Committee on Health Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **SB458** by Moncrief (Relating to the establishment of a newborn and infant hearing screening, tracking, and intervention program.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB458, As Introduced: negative impact of \$(4,297,933) through the biennium ending August 31, 2001.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2000	\$(2,605,906)
2001	(1,692,027)
2002	(618,005)
2003	(618,778)
2004	(619,937)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 0001	Probable Savings/(Cost) from <i>Federal Funds</i> 0555	Probable Savings/(Cost) from <i>Local</i>
2000	\$ (2,605,906)	\$ (1,024,291)	\$ (660,000)
2001	(1,692,027)	(767,647)	(660,000)
2002	(618,005)	(481,309)	(660,000)
2003	(618,778)	(482,536)	(660,000)
2004	(619,937)	(484,377)	(660,000)

Technology Impact

Software licenses for the newborn hearing screening reporting software is assumed to total \$1.2 million in fiscal year 2000. The service plan for implementation of the software, according to the Department of Health, is \$750,000 in fiscal year 2000 and \$750,000 in fiscal year 2001.

Fiscal Analysis

The bill would require a birthing facility to offer the parents of a newborn a hearing screening for the newborn for the detection of hearing loss. The Department of Health would be required to approve program protocols, maintain data on each newborn who receives services, and ensure that intervention is available to families for a newborn identified as having hearing loss. The bill would require the Department of Health to provide each birthing facility with the appropriate software for the program.

The bill would require the Medicaid program to provide a hearing screening for infants in the Medicaid program.

The bill would require that health benefit plans cover hearing screens.

Methodology

General Revenue and Federal Funds impact numbers in the tables above were calculated by the Department of Health.

The Department of Health assumes new costs would be incurred by the Medicaid program in association with the implementation of the provisions of this bill. Increased costs in the Program for Amplification for Children of Texas (PACT) for hearing aids, audiological assessments, etc. These would be reimbursed at the client services matching rate (approximately 39 percent state, 61 percent federal) .

The department assumes that distribution of software and technical assistance would be required. The state would receive a fifty-fifty match rate for software and training for costs allocated for Medicaid-eligible clients. Some proportion of the costs would be 100 percent General Revenue.

The department assumes some increased costs in both the Medicaid and non-Medicaid areas associated with the provisions requiring follow-up. These costs are estimated to be approximately \$300,000 per fiscal year in the Medicaid program and approximately \$130,000 per fiscal year for non-Medicaid clients. Medicaid costs are assumed to be matched at a fifty-fifty rate and non-Medicaid costs are assumed to be 100 percent General Revenue. The bill would require the department to ensure that intervention is available to families for a newborn identified as having a hearing loss and that the intervention is managed by state programs operating under the Individuals with Disabilities Education Act.

The hospital reimbursement for the screen would become part of the Diagnosis Related Group (DRG) reimbursement in the Medicaid program. However, the Department of Health has not provided the dollar value of this impact; therefore, the cost estimates understate the impact to the General Revenue Fund.

Local Government Impact

Local costs are estimated to be approximately \$660,000 per fiscal year. These costs are assumed to be the annual cost to local hospital districts in testing uninsured newborns.

Source Agencies: 501 Department of Health, 454 Department of Insurance, 532
Interagency Council on Early Childhood Intervention

LBB Staff: JK, TP, KF

By: Moncrief, et al *Wentworth*

S.B. No. 458

Substitute the following for S.B. No. 458:

By: *[Signature]*

C.S.S.B. No. 458

A BILL TO BE ENTITLED

AN ACT

1 relating to the establishment of a newborn hearing screening,
2 tracking, and intervention program.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

4 SECTION 1. Subtitle B, Title 2, Health and Safety Code, is
5 amended by adding Chapter 47 to read as follows:

6 CHAPTER 47. HEARING LOSS IN NEWBORNS

7 Sec. 47.001. DEFINITIONS. In this chapter:

8 (1) "Birth admission" means the time after birth that
9 a newborn remains in the birthing facility before the newborn is
10 discharged.

11 (2) "Birthing facility" means:

12 (A) a hospital licensed under Chapter 241 that
13 offers obstetrical services and is located in a county with a
14 population of more than 50,000; or

15 (B) a birthing center licensed under Chapter 244
16 that is located in a county with a population of more than 50,000
17 or that has 100 births or more per year.

18 (3) "Health care provider" means a registered nurse
19 recognized as an advanced practice nurse by the Board of Nurse
20 Examiners or a physician assistant licensed by the Texas State
21 Board of Physician Assistant Examiners.

22 (4) "Hearing loss" means a hearing loss of 30 dB HL or

1 greater in the frequency region important for speech recognition
2 and comprehension in one or both ears, approximately 500 through
3 4,000 Hz. As technological advances permit the detection of less
4 severe hearing loss, the department may modify this definition by
5 rule.

6 (5) "Infant" means a child who is at least 30 days but
7 who is younger than 24 months old.

8 (6) "Intervention" or "follow-up care" means the early
9 intervention services described in Subchapter III, Individuals with
10 Disabilities Education Act (20 U.S.C. Sections 1431-1445), as
11 amended by Pub. L. No. 105-17.

12 (7) "Newborn" means a child younger than 30 days old.

13 (8) "Parent" means a natural parent, stepparent,
14 adoptive parent, legal guardian, or other legal custodian of a
15 child.

16 (9) "Physician" means a person licensed to practice
17 medicine by the Texas State Board of Medical Examiners.

18 (10) "Program" means a newborn hearing screening,
19 tracking, and intervention program operated in accordance with this
20 chapter.

21 Sec. 47.002. NEWBORN HEARING SCREENING, TRACKING, AND
22 INTERVENTION PROGRAM. (a) A birthing facility, through a program
23 certified by the department under Section 47.003, may offer the
24 parents of a newborn a hearing screening for the newborn for the
25 identification of hearing loss. The screening must be offered
26 during the birth admission.

27 (b) The department or the department's designee may approve

1 program protocols.

2 (c) The department may maintain data and information on each
3 newborn who receives services under a program.

4 (d) The department shall ensure that intervention is
5 available to families for a newborn identified as having hearing
6 loss and that the intervention is managed by state programs
7 operating under the Individuals with Disabilities Education Act (20
8 U.S.C. Section 1400 et seq.).

9 (e) The department shall ensure that the intervention
10 described by Subsection (d) is available for a newborn identified
11 as having hearing loss through the time the child is an infant.

12 Sec. 47.003. CERTIFICATION OF SCREENING PROGRAMS. (a) The
13 department or the department's designee shall establish
14 certification criteria for implementing a program.

15 (b) Certification criteria adopted under Subsection
16 (a) must require that a certified program:

17 (1) provide hearing screening using equipment
18 recommended by the department;

19 (2) use appropriate staff to provide the screening;

20 (3) maintain and report data electronically if
21 required by the department;

22 (4) distribute standardized family, health care
23 provider, and physician educational materials standardized by the
24 department; and

25 (5) provide information, as recommended by the
26 department, on follow-up services for newborns and infants with
27 abnormal screening results.

1 (c) The department may certify a program that meets and
2 maintains the certification criteria.

3 (d) The department may renew the certification of a program
4 on a periodic basis as established by board rule in order to ensure
5 quality services to newborns and families.

6 (e) A fee may not be charged to certify or recertify a
7 program.

8 Sec. 47.004. INFORMATION CONCERNING SCREENING RESULTS AND
9 FOLLOW-UP CARE. (a) A birthing facility shall distribute to the
10 parents of each newborn who is screened educational materials that
11 are standardized by the department regarding screening results and
12 follow-up care.

13 (b) A birthing facility shall report screening results to
14 the parents, the newborn's attending physician or health care
15 provider, and, if required by the department, the department.

16 (c) Appropriate and necessary care for an infant who needs
17 follow-up care should be directed and coordinated by the infant's
18 physician or health care provider, with support from appropriate
19 ancillary services.

20 Sec. 47.005. TECHNICAL ASSISTANCE BY DEPARTMENT. The
21 department may consult with a birthing facility that operates a
22 program and provide to the facility technical assistance associated
23 with the implementation of a program.

24 Sec. 47.006. INFORMATION MANAGEMENT, REPORTING, AND TRACKING
25 SYSTEM. (a) The department shall provide each birthing facility
26 that provides newborn screening under the medical assistance
27 program provided under Chapter 32, Human Resources Code, with

1 appropriate information management, reporting, and tracking system
2 software for the program. The information management, reporting,
3 and tracking system must be capable of providing the department
4 with information and data necessary to plan, monitor, and evaluate
5 the program, including the program's screening, follow-up,
6 diagnostic, and intervention components.

7 (b) A qualified hearing screening provider, hospital,
8 audiologist, or intervention specialist may access the information
9 management, reporting, and tracking system to provide information,
10 where available, to the department, including information relating
11 to:

12 (1) newborns born in each birthing facility that
13 operates a program;

14 (2) newborns screened during birth admission;

15 (3) newborns passing the birth admission screening;

16 (4) families refusing the birth admission screening;

17 (5) newborns who need follow-up care;

18 (6) infants who receive follow-up care;

19 (7) infants identified with hearing loss;

20 (8) infants at risk for progressive hearing loss;

21 (9) infants who are referred for intervention
22 services; and

23 (10) case level information necessary to report
24 required statistics to the Maternal and Child Health Bureau on an
25 annual basis.

26 (c) The department shall ensure that the written consent of
27 a parent is obtained before a newborn is included in the

1 information management, reporting, and tracking system or any
2 information relating to the newborn or infant is released through
3 the system.

4 Sec. 47.007. CONFIDENTIALITY AND GENERAL ACCESS TO DATA.

5 (a) The information management, reporting, and tracking system
6 provided in accordance with this chapter must meet confidentiality
7 requirements in accordance with required state and federal privacy
8 guidelines.

9 (b) Data obtained through the information management,
10 reporting, and tracking system under this chapter are for the
11 confidential use of the department, the department's designee, and
12 the persons or public or private entities that the department
13 determines are necessary to carry out the functions of the tracking
14 system.

15 Sec. 47.008. IMMUNITY FROM LIABILITY. A birthing facility,
16 a clinical laboratory, an audiologist, a health care provider, a
17 physician, a registered nurse, or any other officer or employee of
18 a birthing facility, a laboratory, a physician, or an audiologist
19 is not criminally or civilly liable for furnishing information to
20 the department or its designee in connection with a program
21 provided in accordance with this chapter.

22 SECTION 2. Section 36.004, Health and Safety Code, is
23 amended by adding Subsection (i) to read as follows:

24 (i) A hearing screening performed under this section is in
25 addition to any hearing screening test performed under Chapter 47.

26 SECTION 3. Section 32.024, Human Resources Code, is amended
27 by adding Subsection (v) to read as follows:

1 (v) The department by rule shall provide a screening test
2 for hearing loss in accordance with Chapter 47, Health and Safety
3 Code, and any necessary diagnostic follow-up care related to the
4 screening test to a child younger than 30 days old who receives
5 medical assistance.

6 SECTION 4. Subsection (b), Section 2, Article 21.53F,
7 Insurance Code, as added by Chapter 683, Acts of the 75th
8 Legislature, Regular Session, 1997, is amended to read as follows:

9 (b) This article does not apply to:

10 (1) a plan that provides coverage:

11 (A) only for a specified disease or other
12 limited benefit;

13 (B) only for accidental death or dismemberment;

14 (C) for wages or payments in lieu of wages for a
15 period during which an employee is absent from work because of
16 sickness or injury;

17 (D) as a supplement to liability insurance;

18 (E) for credit insurance;

19 (F) only for dental or vision care; [or]

20 (G) only for indemnity for hospital confinement;

21 or

22 (H) only for hospital expenses;

23 (2) a small employer health benefit plan written under
24 Chapter 26 of this code;

25 (3) a Medicare supplemental policy as defined by
26 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

27 (4) workers' compensation insurance coverage;

1 (5) medical payment insurance issued as part of a
2 motor vehicle insurance policy; [or]

3 (6) a long-term care policy, including a nursing home
4 fixed indemnity policy, unless the commissioner determines that the
5 policy provides benefit coverage so comprehensive that the policy
6 is a health benefit plan as described by Subsection (a) of this
7 section; or

8 (7) a CHAMPUS (Civilian Health and Medical Program of
9 the Uniformed Services) supplemental policy.

10 SECTION 5. Article 21.53F, Insurance Code, as added by
11 Chapter 683, Acts of the 75th Legislature, Regular Session, 1997,
12 is amended by amending Sections 3 and 4 and adding Sections 5, 6,
13 and 7 to read as follows:

14 Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS.
15 [~~a~~] A health benefit plan that provides benefits for a family
16 member of the insured shall provide coverage for each covered child
17 described by Section 5 of this article [~~Subsection--(b)--of--this~~
18 ~~section~~], from birth through the date the child is six years of
19 age, for:

20 (1) immunization against:

21 (A) diphtheria;

22 (B) haemophilus influenzae type b;

23 (C) hepatitis B;

24 (D) measles;

25 (E) mumps;

26 (F) pertussis;

27 (G) polio;

- (H) rubella;
- (I) tetanus; and
- (J) varicella; and

(2) any other immunization that is required by law for the child.

Sec. 4. REQUIRED BENEFITS FOR SCREENING TEST FOR HEARING IMPAIRMENT. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article for:

(1) a screening test for hearing loss from birth through the date the child is 30 days old, as provided by Chapter 47, Health and Safety Code; and

(2) necessary diagnostic follow-up care related to the screening test from birth through the date the child is 24 months old.

(b) The commissioner may adopt rules to implement the requirement of this section.

(c) This section applies to any health benefit plan that provides coverage or benefits to a resident of this state, without regard to whether the issuer of the health benefit plan is located within or outside this state. This section does not require the issuer of a health benefit plan to provide coverage under this section for the child of a resident of this state who:

(1) is employed outside of this state; and

(2) is covered under a health benefit plan maintained for the individual by the individual's employer as an employment benefit.

1 Sec. 5. COVERED CHILDREN. ~~{b}~~ A child is entitled to
2 benefits under this article ~~[section]~~ if the child, as a result of
3 the child's relationship to an enrollee in the health benefit plan,
4 would be entitled to benefits under an accident and sickness
5 insurance policy under Subsection (K), (L), or (M), Section 2,
6 Chapter 397, Acts of the 54th Legislature, 1955 (Article 3.70-2,
7 Vernon's Texas Insurance Code).

8 Sec. 6 [4]. APPLICATION OF DEDUCTIBLE, COPAYMENT, OR
9 COINSURANCE REQUIREMENT ~~[FIRST---DOLLAR---COVERAGE---REQUIRED]~~.

10 (a) Benefits required under Section 3 of this article may not be
11 made subject to a deductible, copayment, or coinsurance
12 requirement. This subsection ~~{b}-Subsection-(a)-of-this--section]~~
13 does not prohibit the application of a deductible, copayment, or
14 coinsurance requirement to another service provided at the same
15 time as the immunization.

16 (b) Benefits required under Section 4 of this article may be
17 subject to copayment and coinsurance requirements, but may not be
18 subject to a deductible requirement or dollar limit. The
19 requirements of this subsection must be stated in the coverage
20 document.

21 Sec. 7. RULES. The commissioner may adopt rules as
22 necessary to implement this article.

23 SECTION 6. The heading to Article 21.53F, Insurance Code, as
24 added by Chapter 683, Acts of the 75th Legislature, Regular
25 Session, 1997, is amended to read as follows:

26 Art. 21.53F. COVERAGE FOR CERTAIN BENEFITS FOR CHILDREN
27 [CHILDHOOD-IMMUNIZATIONS]

1 SECTION 7. This Act takes effect September 1, 1999.

2 SECTION 8. The Texas Board of Health shall adopt the rules
3 required by Section 47.003, Health and Safety Code, as added by
4 this Act, not later than December 1, 1999.

5 SECTION 9. (a) Except as provided by Subsection (b) of this
6 section, not later than January 1, 2000, the Health and Human
7 Services Commission and each appropriate health and human services
8 agency that operates part of the state medical assistance program
9 under Chapter 32, Human Resources Code, shall adopt the rules
10 required by Subsection (v), Section 32.024, Human Resources Code,
11 as added by this Act.

12 (b) If, before implementing Subsection (v), Section 32.024,
13 Human Resources Code, as added by this Act, the Health and Human
14 Services Commission determines that a waiver or authorization from
15 a federal agency is necessary for implementation, the commission
16 shall request the waiver or authorization and may delay
17 implementing that provision until the waiver or authorization is
18 granted.

19 SECTION 10. The change in law made by Sections 4 and 5 of
20 this Act applies only to a health benefit plan that is delivered,
21 issued for delivery, or renewed on or after January 1, 2000. A
22 health benefit plan that is delivered, issued for delivery, or
23 renewed before January 1, 2000, is governed by the law as it
24 existed immediately before the effective date of this Act, and that
25 law is continued in effect for that purpose.

26 SECTION 11. This Act takes effect only if a specific
27 appropriation for the implementation of this Act is provided in

C.S.S.B. No. 458

1 H.B. No. 1 (General Appropriations Act), Acts of the 76th
2 Legislature, Regular Session, 1999. If no specific appropriation
3 is provided in H.B. No. 1, the General Appropriations Act, this Act
4 has no effect.

5 SECTION 12. The importance of this legislation and the
6 crowded condition of the calendars in both houses create an
7 emergency and an imperative public necessity that the
8 constitutional rule requiring bills to be read on three several
9 days in each house be suspended, and this rule is hereby suspended.

S.B. No. 458

By Thompson

A BILL TO BE ENTITLED

AN ACT: relating to the establishment of a newborn and infant hearing screening, tracking, and intervention program.

2-10-99

FEB 15 1999

MAY 07 1999

Filed with the Secretary of the Senate

Read and referred to Committee on HEALTH SERVICES

Reported favorably _____

Reported adversely, with favorable Committee Substitute; Committee Substitute read first time.

Ordered not printed

Laid before the Senate

Senate and Constitutional Rules to permit consideration suspended by: { unanimous consent
_____ yeas, _____ nays

Read second time, _____, and ordered engrossed by: { unanimous consent
a viva voce vote
_____ yeas, _____ nays

Senate and Constitutional 3 Day Rule suspended by a vote of _____ yeas, _____ nays.

Read third time, _____, and passed by: { A viva voce vote
_____ yeas, _____ nays

SECRETARY OF THE SENATE

OTHER ACTION:

Engrossed

Sent to House

Engrossing Clerk _____

Received from the Senate

Read first time and referred to Committee on _____

Reported _____ favorably (as amended) (as substituted)

Sent to Committee on (Calendars) (Local & Consent Calendars)

Read second time (comm. subst.) (amended); passed to third reading (failed) by a (non-record vote) (record vote of _____ yeas, _____ nays, _____ present, not voting)

Constitutional rule requiring bills to be read on three several days suspended (failed to suspend) by a vote of _____ yeas, _____ nays, _____ present, not voting.

Read third time (amended); finally passed (failed to pass) by a (non-record vote) (record vote of _____ yeas, _____ nays, _____ present, not voting)

Returned to Senate.

CHIEF CLERK OF THE HOUSE

Returned from House without amendment.

Returned from House with _____ amendments.

Concurred in House amendments by a viva voce vote _____ yeas, _____ nays.

_____ Refused to concur in House amendments and requested the appointment of a Conference Committee to adjust the differences.

_____ Senate conferees instructed.

_____ Senate conferees appointed: _____, Chairman; _____, _____, _____, and _____

_____ House granted Senate request. House conferees appointed: _____, Chairman; _____, _____, _____, _____

_____ Conference Committee Report read and filed with the Secretary of the Senate.

_____ Conference Committee Report adopted on the part of the House by: _____

{ a viva voce vote
_____ yeas, _____ nays

_____ Conference Committee Report adopted on the part of the Senate by:

{ a viva voce vote
_____ yeas, _____ nays

OTHER ACTION:

_____ Recommitted to Conference Committee

_____ Conferees discharged.

_____ Conference Committee Report failed of adoption by: _____

{ a viva voce vote
_____ yeas, _____ nays